California MEDICINE

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EDITORIAL

The Governor's Committee

IN THE PAST FEW YEARS medical care has come to be ranked almost even with food, clothing and shelter among the essentials of humans. Whether owing to spontaneously occurring public demand for more and better care or to political hay-making, the fact is that the trend is clearly in the direction of classifying medical care almost as a basic human right.

Nowhere has this attitude been more apparent than in the efforts of political figures to place medical care in the category of a publicly-controlled utility. While such efforts have thus far been defeated in great part, the motivation still persists and efforts in this direction are still being made.

What Stalin did in Russia, Bismarck in Germany and Lloyd George in Great Britain, some American politicians would seek to duplicate today. The fact that the nationalization of medicine in those countries was a forerunner to a complete socializing movement seems to bother some American public figures not at all; to them, political expediency indicates the desirability of absorbing into the public domain an entire profession of skilled practitioners for the sole end of making their services a largesse to be distributed by those in power in our national or state capitals.

Thus, while the medical profession in California certainly can welcome and abet the stated aims of the Governor's Committee on Study of Medical Aid and Health, surely physicians can be forgiven some cautiousness of attitude, in light of the purposes to which many another political "study" has been put in the past two decades, until it becomes quite certain that the inquiry is not somehow deviously to be made a bureaucratic vehicle to deliver the practice of medicine into the control of a state agency.

Acting on whatever motive, Governor Brown early last year created a group of six people, one drawn from the public and the other five from career people in departments of the State of California. This group was instructed to review the health needs and health care of the people and to recommend proposals for making improvements.

The report of this group, strictly an inside affair in the government of the state, was completed last October. The group found, in a brief report (which offered no documentation) that the people of California needed more in the way of health care, that facilities in this field needed an overhauling, that the costs of health care were beyond the means of the people and that something ought to be done about the whole thing.

The "something" was a proposal for appointment of a representative committee of citizens, charged with surveying the whole field of health care and advising the Governor as to areas where legislative action would be needed to assure more, better, more available and less costly medical services for the population.

The Governor acted promptly and named a committee of 17 citizens to make this survey. The members were drawn from the fields of education, labor, law, medicine, hospitals and consumers. Later on, representatives of dentistry and nursing were added, to make a 19-member group. Fortunately, in the medical profession and others, his appointments were of outstanding men. The physicians on the committee are Paul D. Foster, president of the California Medical Association, T. Eric Reynolds, the immediate past president, and Roger O. Egeberg, medical director of the Los Angeles County Department of Charities.

For the past three months this committee has met and met again, always under the urgency of a November 1, 1960, deadline for its final report.

During these same three months it became obvious that research into the field of health care is just like research into anything else—every time you put down a point to be explored, a dozen more spring up as corollaries. The job keeps growing.

In these circumstances the committee members—all but a few of them people who have regular vocations and serve as volunteers—cannot possibly encompass the field of inquiry which has been opened up. Consequently, they must leave the performance of the research to the professional staff people who have been assigned from various departments of the state government. The committee members have been presented with a list of research proposals which even the professional staff cannot study with justice and objectivity in the short time available.

The picture thus resolves itself into a group of citizens, each with his own private or personal interests, serving as listening posts to a group of state employees who, serving under state agency conditions as they do, hardly can be expected to make recommendations to decrease the position of the state government in providing services by the government for the voters.

Physicians have a vital interest in this whole procedure, since they represent the keystone in the structure of medical care. As matters now stand, it might happen that next November when the report of the committee is made, a Citizens' Committee will somehow seem to be involved in a recommendation that physicians become virtually state employees and that medical services shall become a property of the state, to be dispensed under such conditions as state officials dictate.

Many physicians have been only vaguely aware of the existence of this committee and very few of them have had any information on the lines of study being followed by the committee. Where these facts are known, it becomes obvious that a serious threat to the private practice of medicine may emerge from this particular operation.

It is vital to the welfare of the profession that the studies and procedures of this committee and of its "task forces" that have been named to review various facets of the overall inquiry must be carefully followed, studied and analyzed. Should the final report of this group include recommendations for the taking over of medical practice as a state prerogative, to be dispensed under the direction of an agency of the state, the profession will find itself again in the unenviable position of defense.

The events of 1945 in California, and national events of 1948 under the Wagner-Murray-Dingell proposal, are still fresh in many minds. Let us hope that the Governor's Committee on Study of Medical Aid and Health will not stir up another battle comparable to these two. The medical needs of the people are too demanding to afford such a diversion of medical resources and medical thinking.

Positive Public Relations

THE PROFESSION of medicine has suffered in recent years by the outspoken and reiterated accusation by social or political adversaries that medical organizations are always against something and are in reality an economic combination of physicians interested only in advancing their own welfare. Such epithets as "the medical trust" are typical of this sort of abusive attack.

The many and constant activities of organized medicine that are entirely in the interest of better medical care and better health for all people are rarely celebrated, perhaps because they are, in a word—a word that here can be used with pride—ordinary.

Several weeks back the then president of the California Medical Association, Doctor T. Eric Reynolds, gave the lie publicly to this sort of accusation. Interestingly, his calm and unemotional report, distributed to the press, drew a good response from editors who saw fit to run the story and quote liberally from it.

Doctor Reynolds concentrated his statement on two principal items. First, the matter of membership growth of the California Medical Association and, second, the contributions by California physicians to the American Medical Education Foundation for the training of future physicians.

The C.M.A. membership, he pointed out, has gone steadily upward for a number of years. This belies the charge that physicians seek to keep out newcomers as a means of retaining all the medical practice in the area. As to contributions to the A.M.E.F., he pointed to the unique position of a profession contributing money from its members' pockets to train new physicians who, from a strict economic point of view, are potential competitors.

It is easy to supplement Doctor Reynolds' statements to show how medical organizations work in the public interest. From either the state or the county society level, the list of accomplishments *pro bono publico* is not only long but the efforts that have been made have been remarkably efficient.

The California Medical Association and its component societies have set up services for the placement of physicians seeking to locate in the state. They have established blood banks in strategic locations and banded them together into a clearinghouse system which guarantees any patient any amount of any type blood he needs, when he needs it.

They provide the Cancer Commission which car-